	J V -JJU
CHILD'S ATTORNEY (Name and Address):	FOR COURT USE ONLY
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
CHILD'S NAME:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	
CERTIFIED REQUEST FOR PUPIL RECORDS—TRUANCY	CASE NUMBER:
This request is made pursuant to Education Code section 49076(a)(10).	l .
1. Child's name:	
2. Child's home address:	
3. Date of birth:	
4. Child's school district:	
5. Child's school:	
6. School address:	
7. The requester is aa judicial officer.b probation officer.	
8. Requester's name:	
9. Requester's mailing address:	
 10. This request for pupil records is made only for the purposes of a conducting a truancy mediation program for the child. b presenting evidence in a truancy petition pursuant to Welfare and Institutions 	Code section 681.
 11. The records requested include (check all that apply): a. Attendance records b. Documentation of excused absences c. Other documents relating to the truancy of the child (specify): 	
This form must be sent to the local educational agency (LEA) with form JV-531, <i>Local Education</i> JV-531 must be returned within 15 calendar days of the receipt of the request.	ational Agency Response to JV-530. Form
To the respondent LEA: Failure to respond fully and in a timely manner may result in further Education Code section 49076(a)(10) requires the school district to inform or provide written within 24 hours of the release of the information.	
I certify that this request for pupil records is made only for the purposes of conducting a trua truancy petition. Date:	ancy mediation or presenting evidence in a
(TYPE OR PRINT NAME)	(SIGNATURE) Page 1 of 1

CHILD'S ATTORNEY (Name and Address):	FOR COURT USE ONLY
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
CHILD'S NAME:	
	_
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	
DIVANCE NAME.	CASE NUMBER:
LOCAL EDUCATIONAL AGENCY RESPONSE TO JV-530	OAGE NOWIDEN.
EGGAL EDGGATIONAL AGENCT RESI ONGE TO 3V-550	
This form must be returned to the court within 15 calendar days of receipt of form JV-530 with the records requested in that form for	
conducting a truancy mediation program or presenting evidence in a truancy petition.	·
1. Child's name:	
2. Child's home address:	
3. Child's school:	
A Obitally ask and addresses	
4. Child's school address:	
5. School personnel contact (name, title, and telephone no.):	
o. Gonool personnel contact (name, the, and telephone no.).	
6. The records, or copies of records, attached include (check all that apply):	
a. Attendance records	
b. Documentation of excused absences	
c. Other documents relating to the truancy of the child (specify):	
of the documents relating to the truthey of the crima (specify).	
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE)
	(TITLE)
	(TITLE)